

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jed W. FAHEY
Title: TREATMENT OF HELICOBACTER WITH ISOTHOCYANATES
Prior Appl. No.: 09/933,170
Prior Appl. Filing Date: 08/21/2001
Examiner: Unassigned
Art Unit: Unassigned

CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☒ Continuation ☐ Division ☐ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (38 pages).
- ☒ Executed Declaration and Power of Attorney (3 pages).
- ☒ Information Disclosure Statement.
- ☒ Form SB08 listing 22 references from parent case.



- ☒ Preliminary Amendment.
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total Claims:	43	- 20	= 23	x \$18.00	= \$414.00
Independents:	4	- 3	= 1	x \$86.00	= \$86.00
If any Multiple Dependent Claim(s) present:				+ \$290.00	= \$0.00
				SUBTOTAL:	= \$1270.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):					= \$635.00
				TOTAL FILING FEE:	= \$635.00

- ☒ A check in the amount of \$635.00 to cover the filing fee is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 31, 2004

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